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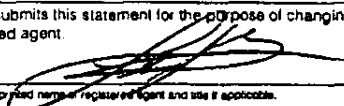
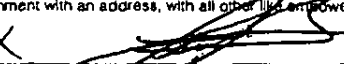
FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2004-91070-047-\$150.00-\$150.00

APPROVED
AND
FILED

05 MAR 17 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000087654					
1. Entity Name MD PRO SERVICES INC					
Principal Place of Business 4382 SW 159 PATH MIAMI, FL 33185			Mailing Address 4382 SW 159 PATH MIAMI, FL 33185		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0142258	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAMIREZ, LEOSDAN 4382 SW 159 PATH MIAMI, FL 33185				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAMIREZ, LEOSDAN 4382 SW 159 PATH MIAMI, FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/30/04		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		